

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10602721

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT														
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	
1	/						51		/										
2		/					52		/										
3		/					53		/										
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TOTAL IND.	←		←		←		TOTAL IND.	5 ←		←		←		←		←		←	
TOTAL DEP.							TOTAL DEP.	53 ←											
TOTAL CLAIMS							TOTAL CLAIMS	58											